

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF GEORGIA  
BRUNSWICK DIVISION

FILED  
U.S. DISTRICT COURT  
BRUNSWICK, GA.

2007 DEC -3 P 4:09

CLERK  
U.S. DISTRICT COURT  
BRUNSWICK, GA.

UNITED STATES OF AMERICA

v.

DELANO A. MIDDLETON

CASE NO.: CR298-20

**ORDER**

On July 9, 2007, the United States Probation Office filed a petition alleging that Delano A. Middleton violated the conditions of his supervised release. Jeffrey S. Ward, an attorney in Brunswick, Georgia, was appointed to represent Middleton in connection with the alleged violation. Hearings were held September 25, 2007, October 2, 2007, and October 10, 2007, in Brunswick, Georgia.

Mr. Ward has submitted his claim for services and expenses. He seeks compensation in the total amount of \$3,000.90. This includes \$159.80 as "In Court Compensation", \$2,660.20 as "Out of Court Compensation", \$159.90 in "Travel Expenses," and \$21.00 in "Other Expenses." The Criminal Justice Act provides that the maximum amount of compensation for services in this case is the sum of \$1,500.00, unless the case involves extended or complex representation. 18 U.S.C. § 3006A(d)(2) and (3).

"In determining if an excess payment is warranted, the court should make a threshold determination as to whether the case is either extended or complex. If the legal or factual issues in a case are unusual, thus requiring the expenditure of more time, skill and effort by the lawyer than would normally be required in an average case, the case is 'complex'. If more time is reasonably required for total processing than the average case

the case is 'extended'." Paragraph 2.22 B(3) of the Appointment of Counsel in Criminal Cases, Volume VII, Guide to Judiciary Policies and Procedures. "Counsel claiming compensation in excess of the statutory case limitation must submit with the voucher a detailed memorandum supporting and justifying counsel's claim that representation was provided in a complex or extended case and that the excess payment is necessary to provide fair compensation." Instructions for CJA Form 20, Item 22-29. No memorandum has been submitted by Mr. Ward.

Upon full review, it does not appear that this case should be classified as either "complex" or "extended". Accordingly, it appears that payment for services must be limited to the statutory maximum amount of \$1,500.00, despite the expenditure of time by Mr. Ward as set forth on his voucher.

Accordingly, payment to Mr. Ward is hereby set at \$159.80 for "In Court" services, and \$1,340.20 for "Out of Court" services. A total of \$1,500.00 is to be paid for services rendered. With regard to those expenses requested by Mr. Ward they are reasonable and are hereby authorized. The sum of \$159.90 should be paid to Mr. Ward as reimbursement of "Travel Expenses," and \$21.00 for "Other Expenses". A total of \$1,680.90 is approved.

SO ORDERED, this 3 day of <sup>December</sup>~~November~~, 2007.

  
JUDGE, UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF GEORGIA

1. CIR./DIST./DIV. CODE GAS		2. PERSON REPRESENTED MIDDLETON, DELANO		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:98-000020-001		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. MIDDLETON		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant	
				10. REPRESENTATION TYPE (See Instructions) Supervised Release	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 2119.F -- MOTOR VEHICLE THEFT - CARJACKING					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS WARD, JEFFREY S. GILBERT, HARRELL, SUMERFORD, P. O. BOX 190 BRUNSWICK GA 31521-0190  Telephone Number: (912) 265-6700			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court 09/26/2007 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES <input type="checkbox"/> NO <input type="checkbox"/>		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) GILBERT, HARRELL, SUMMERFORD AND MARTIN 777 GLOUCESTER STREET SUITE 200 BRUNSWICK GA 31520					
CLAIM FOR SERVICES AND EXPENSES					
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
In Court	a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings	.9			
	g. Appeals Court				
	h. Other (Specify on additional sheets)	.8			
(Rate per hour = \$ 94.00) TOTALS:		1.7 x \$94.00 = 159.80			
Out of Court	a. Interviews and Conferences	8.5			
	b. Obtaining and reviewing records	2.2			
	c. Legal research and brief writing	2.9			
	d. Travel time	6.3			
	e. Investigative and Other work (Specify on additional sheets)	8.4			
	(Rate per hour = \$ 94.00) TOTALS:				
17. Travel Expenses (lodging, parking, meals, mileage, etc.)		159.90			
18. Other Expenses (other than expert, transcripts, etc.)		26.60		21.00	
GRAND TOTALS (CLAIMED AND ADJUSTED):			3,106.90		3,000.90
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM 9/25/07 TO 10/10/07			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION Supervised Release REVOKED
22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: <i>[Signature]</i> Date: 10/26/07					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP. 159.80	24. OUT OF COURT COMP. 1,240.20	25. TRAVEL EXPENSES 159.90	26. OTHER EXPENSES 21.00	27. TOTAL AMT. APPR./CERT 1,480.90	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <i>[Signature]</i>			DATE 12-3-07	28a. JUDGE/MAG. JUDGE CODE 3704	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	

12/3 Submitted to Judge

## IN-COURT HOURLY WORKSHEET

Case Number: 2:98-000020-001  
 Voucher Number: \_\_\_\_\_

Date	Brief Description of Services	Arraignment and/or Plea	Motions and Requests	Bail Hearings	Sentence Hearings	Trial	Revocation Hearings	Appeals Court	Other
10/02/07	Preliminary Hearing								.8
10/10/07	Revocation Hearing						.9		
	Page Total							.9	.8
	In-Court Grand Total							.9	.8

## OUT-OF-COURT HOURLY WORKSHEET

Case Number: 2:98-000020-001

Voucher Number: \_\_\_\_\_

Date	Brief Description of Services	Interviews and Conferences	Obtaining and Reviewing Records	Legal Research and Brief Writing	Travel Time	Investigative and Other Work
9/25/07	Review warrant petition		.8			
9/26/07	Telephone conference w/ McIntosh County jail	.3				
9/26/07	Telephone conference w/ U.S. Attorney	.4				
9/26/07	Telephone conference and meeting w/ U.S. Probation Office	.9				
9/26/07	Review sentence/arrest warrant		.7			
9/27/07	To McIntosh County for meeting w/ client				.7	
9/27/07	Meeting w/ client	2.0				
9/27/07	Phone conference w/ Jasper County, SC, clerk of court re: records	.5				
9/28/07	Begin research/review for October 2 hearing			.9		
9/28/07	Telephone conference with defendant's South Carolina attorney	.7				
10/01/07	Travel to Ridgeland, SC to review court records				4.2	
	Page Total	4.8	1.50	.9	4.9	
	Out-of-Court Grand Total					

# OUT-OF-COURT HOURLY WORKSHEET

Case Number: 2:98-000020-001  
 Voucher Number: \_\_\_\_\_

10/01/07	Review court records on South Carolina criminal charges		.7			
10/01/07	Travel to McIntosh County for meeting w/ client				.7	
10/01/07	Meeting with client	.6				
10/01/07	Research/review Federal Rules of Criminal Procedure			1.1		
10/01/07	Prepare for October 2 preliminary hearing					2.7
10/02/07	Finalize cross-examination preparation					.9
10/02/07	Finalize constitutional arguments					.7
10/02/07	Meeting w/ client before hearing	.4				
10/02/07	Correspondence w/ U.S. Attorney and U.S. Probation					.4
10/05/07	Conference call regarding stipulation/revocation hearing	.5				
10/08/07	Review sentencing guidelines re: 10/10 hearing			.9		
10/08/07	To McIntosh County for meeting w/ client				.7	
10/08/07	Meeting w/ client	1.5				
10/08/07	Conference w/ U.S. Attorney re: stipulation	.3				
10/09/07	Prepare for October 10 Revocation Hearing					3.2
10/10/07	Final preparations for hearing					.5
10/10/07	Meeting w/ client	.4				
	Page Total	3.7	.7	2.0	1.4	8.4
	Out-of-Court Grand Total	8.50	2.20	2.90	6.30	8.40

## OTHER EXPENSE WORKSHEET

Case Number: 2:98-000020-001  
 Voucher Number: \_\_\_\_\_

## Travel Expense

## Other Expense

Date	Brief Explanation	Mileage	Parking	Meals	Lodging	Copying	Postage	Toll Calls	Telegrams	Other
9/27/07	To McIntosh County for meeting w/ client	\$23.28 48 x .485								
10/01/07	To Ridgeland, SC for review of court records	\$85.36 176x.485								
10/01/07	To McIntosh County for meeting w/ client	\$23.28 48 x .485								
10/01/07	Certified Copies					21.00				
10/01/07	Lunch			4.70						
10/08/07	To McIntosh County for meeting w/ client	\$23.28 48 x .485								
10/10/07	Charge for hearing transcript									<del>E 105.60</del>
	Sub-Total Amount Per Item	\$155.20	\$0.00	\$4.70	\$0.00	\$21.00	\$0.00	\$0.00	\$0.00	<del>\$105.60</del>
	Total Amount Per Item	\$155.20	\$0.00	\$4.70	\$0.00	\$21.00	\$0.00	\$0.00	\$0.00	<del>\$105.60</del>

## § 87(2)(b) CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 12/03)

1. CIR./DIST./DIV. CODE 113		2. PERSON REPRESENTED DELANO MIDDLETON		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER CR298-20		4. DIST. DKT./DEF. NUMBER 1		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA V. DELANO MIDDLETON		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions)					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. VIOLATION OF SUPERVISED RELEASE					
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Final Revocation Hearing					
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). Preliminary Revocation Hearing held on 10-02-07 before Judge Graham					
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS
A. Apportioned _____ % of transcript with (Give case name and defendant)					
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript					
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions					
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.					
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  Signature of Attorney: <u>Jeff Ward</u> Printed Name: <u>Jeff Ward</u> Telephone Number: <u>912-265-6700</u> <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Date: <u>10/9/07</u>			16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  Signature of Presiding Judge or By Order of the Court: <u>[Signature]</u> Date of Order: <u>10-9-07</u> None Pro Tunc Date: _____		
CLAIMANT'S SERVICES					
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME AND MAILING ADDRESS  Telephone Number: _____		
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE <u>258-23-3160</u>					
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED
Original (expedited)	1-24	24	4.40		0
Copy					0
Expense (itemize)					
TOTAL AMOUNT CLAIMED:					<u>105.60</u>
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: <u>C. Joan Mobley</u> Date: <u>10-10-07</u>					
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. Signature of Attorney or Clerk: <u>[Signature]</u> Date: <u>10-10-07</u>					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. APPROVED FOR PAYMENT Signature of Judge or Clerk of Court: <u>[Signature]</u> Date: <u>10-10-07</u>					24. AMOUNT APPROVED <u>105.60</u>

ABOVE INADVERTENTLY  
IMPROPERLY FILED